

SUMMARY OF CORRECTIVE ACTION TAKEN TO ADDRESS ISSUES IDENTIFIED DURING JUVENILE FACILITY INVESTIGATIONS

The following outline summarizes the various corrective measures taken by the Indiana Department of Correction in response to the investigation undertaken by the United States Department of Justice at juvenile correctional facilities operated by the Indiana Department of Correction.

South Bend Juvenile Correctional Facility

- 1. Ensure that youths are adequately protected from physical violence by other youths.*

Corrective Action

- Additional cameras installed.
- Dorm rooms cleared of furniture which created blind spots for staff supervision (March, 2005).
- Closer monitoring of the youth population to identify potential youths posing a danger to others.
- Increased daily programming and activities to reduce idle time.
- Students are provided clear, thorough instructions on how to report situations of violence.
- A dorm near the front of the facility which was difficult to staff and supervise has been closed (July, 2005).
- Since these changes have taken place, the number of assaults has consistently decreased on a monthly basis.

- 2. Ensure that there is sufficient, adequately trained staff to safely supervise the residents at all times.*

Corrective Action

- All staff receive annual training in the proper youth supervision techniques.
- Supervisory and non-custody staff are assigned to work custody posts as needed (May, 2005).
- Minimal staffing levels have been developed to ensure appropriate staff coverage of the facility at all times.

- 3. Develop and implement a use of force policy that provides clear guidelines and appropriate limits on the use of force.*

Corrective Action

- The IDOC has recently revised the departmental use of force policy which also applies to all juvenile facilities. The updated procedures provide clear guidelines regarding the graduated use of force as needed. The procedures also give staff interventions options based upon the presenting behavior of the youth (drafted March, 2005).
4. *Provide adequate training and supervision to correctional staff regarding safe and appropriate use of force and physical restraint (training began July, 2005).*

Corrective Action

- All new staff are provided pre-service academy training which includes the application of physical force and physical restraint. The physical restraint techniques have recently been modified to provide increased safety for the youth and the staff.
 - Additionally, all staff received mandatory training in the use of force and restraint techniques. This training is delivered by certified trainers.
 - All use of force and physical restraint incidents are evaluated by supervisory staff for appropriateness. Youth and staff involved in the incident are interviewed and the use of force is evaluated against the Departmental procedures. The facility superintendent is responsible for reviewing all reports of physical force.
 - Reviewed how staff that transgress use of force and restraint protocols is to be held accountable.
5. *Develop and implement a grievance system that ensures resident access to a functional and responsive grievance process.*

Corrective Action

- A revised and updated grievance process for all offenders is currently being developed by the IDOC. Administrative staff, facility staff, and offenders have been involved in the re-engineering of the offender grievance process.
 - At SBJCF the grievance process has been enhanced by a thorough orientation to the process during their first week of residence. An administrative staff person is responsible for receiving, investigating, and responding to all youth grievances.
6. *Provide adequate psychopharmacological treatment to youths. If a wash-out period is implemented for youths who enter Logansport on psychotropic medication, IDOC should:*
- a. Conduct an adequate baseline assessment of the youths and ensure adequate documentation of the baseline;
 - b. Provide adequate monitoring during the wash-out period;

- c. Provide timely follow-up assessments to determine whether a return to treatment with medication is warranted; and
- d. Ensure that psychopharmacological treatment is promptly resumed when necessary.

Corrective Action

- SBJCF provides mental health services to meet the needs of the youth. Psychological and psychiatric services are available to the population. All youths taking psychotropic medications are monitored regularly by the assigned psychiatrist.
 - All youth are monitored for changes in behavior that may be related to a mental health need. Referrals to the psychologist and psychiatrist can be made by staff as needed.
 - Medical services, including mental health services, are monitored regularly through the facility administrator and medical staff.
 - Youth are monitored regularly through the multi-disciplinary treatment team for progress and changing needs.
 - A new Director of Medical Services was hired to oversee treatment.
7. *Develop and implement adequate Individualized Education Plan to students with disabilities.*

Corrective Action

- SBJ has received accreditation as a Comprehensive Special Purpose School through the North Central Association.
 - SBJ has implemented the Indiana Department of Education approved web-based process for development and monitoring a student's Individual Education Plan. A full-time administrator now monitors compliance with the required education programs in all juvenile IDOC facilities (April, 2005).
8. *Provide individualized instructional services to students with disabilities in accordance with the IDEA.*

Corrective Action

- The Indiana Department of Education strongly encourages the mainstreaming of student into the least restrictive environment. SBJ, through its accreditation as a Comprehensive Special Purpose School, provides appropriate services to all students.
- SBJ has implemented a software program, funded by the Department of Education, which provides documented individualized instruction to students (implemented June, 2005).

- The IDOC has an on-going audit and review of special education services throughout the juvenile facilities. The review at SBJCF is scheduled for October 11, 2005.

9. *Ensure students with disabilities have sufficient access to an adequate curriculum.*

Corrective Action

- The educational curriculum at SBJCF has been approved by the Indiana Department of Education and accredited by the North Central Association as a Comprehensive Special Purpose School. All credits earned by students while at SBJCF are transferable to public schools upon the student's re-entry to the community.
- There are no vocational programs at SBJCF due to the length of stay of the youth at the facility. The educational focus is on necessary skill remediation, credit accumulation, and GED services.

10. *Ensure students with disabilities have sufficient access to instructional services.*

Corrective Action

- The SBJCF is currently reviewing program scheduling to offer education services five (5) days per week.
- New students arrive at SBJCF on Tuesday of each week following their 13 day intake process at Logansport. Students are in orientation at SBJCF the remainder of their first week. The students begin school on Thursday of their second week. This allows adequate time for placement testing, retrieving of school records from the public schools, and class scheduling (February, 2005).
- Students in segregation daily receive homework packets from their assigned teachers. One teacher has been assigned the duty to collect and distribute these packets.

Plainfield Juvenile Correctional Facility

1. *Ensure that youths are adequately protected from physical violence from staff and other youths, and sexual abuse and exploitation from other youths.*

Corrective Action

- The physical plant has been upgraded through on-going renovations of the housing units. (still ongoing, two units completed June, 2005). The renovation plans include the installation of cameras for behavior surveillance. Two housing units which were particularly difficult to supervise have been closed (April, 2005).
- Students are housed separately based upon age. (April, 2005)

2. *Ensure that there is sufficient, adequately trained staff to safely supervise the residents as all times.*

Corrective Action

- All staff receive annual training in the proper youth supervision techniques.
- Supervisory and non-custody staff is assigned to work custody posts as needed.
- Minimal staffing levels have been developed to ensure appropriate staff coverage of the facility at all times.

3. *Provide safe and appropriate housing for youths, including sex offenders.*

Corrective Action

- Youth are housed at PJCF according to age. Young students are housed separately from older students (April, 2005).
- The housing unit renovations have dramatically improved the safety and supervision for the youth.

4. *Develop and implement a use of force policy that provides clear guidelines and appropriate limits on the use of force.*

Corrective Action

- The IDOC has recently revised the departmental use of force policy which also applies to all juvenile facilities. The updated procedures provide clear guidelines regarding the graduated use of force as needed. The procedures also give staff interventions options based upon the presenting behavior of the youth (March, 2005).

5. *Provide adequate training and supervision to correctional staff regarding safe and appropriate use of force and physical restraint.*

Corrective Action

- All new staff are provided pre-service academy training which includes the application of physical force and physical restraint. The physical restraint techniques have recently been modified to provide increased safety for the youth and the staff (training initiated July, 2005).
- Additionally, all staff received mandatory training in the use of force and restraint techniques. This training is delivered by certified trainers.
- All use of force and physical restraint incidents are evaluated by supervisory staff for appropriateness. Youth and staff involved in the incident are

interviewed and the use of force is evaluated against the Departmental procedures. The facility superintendent is responsible for reviewing all reports of physical force.

6. *Develop and implement a grievance system that ensures resident access to a functional and responsive grievance process.*

Corrective Action

- A revised and updated grievance process for all offenders is currently being developed by the IDOC. Administrative staff, facility staff, and offenders have been involved in the re-engineering of the offender grievance process.
7. *Provide adequate screening and assessment services to identify youths with serious mental health needs. At a minimum, all youths should receive a comprehensive mental health screening and assessment, either during their stay at Logansport or immediately after admittance to their treatment facility.*

Corrective Action

- Comprehensive mental health services are available to all students needing such services.
 - Youth are monitored through the multi-disciplinary treatment teams for on-going or emerging mental health needs.
 - Comprehensive mental health assessments are conducted as needed.
8. *Provide adequate psychopharmacological treatment to youths. If a wash-out period is implemented for youths who enter Logansport on psychotropic medication, IDOC should:*
 - a. Conduct an adequate baseline assessment of the youths and ensure adequate documentation of the baseline;
 - b. Provide adequate monitoring during the wash-out period;
 - c. Provide timely follow-up assessments to determine whether a return to treatment with medication is warranted; and
 - d. Ensure that psychopharmacological treatment is promptly resumed when necessary.

Corrective Action

- PJCF provides mental health services to meet the needs of the youth. Psychological and psychiatric services are available to the population. All youths taking psychotropic medications are monitored regularly by the assigned psychiatrist.

- All youth are monitored for changes in behavior that may be related to a mental health need. Referrals to the psychologist and psychiatrist can be made by staff as needed.
 - Medical services, including mental health services, are monitored regularly through the facility administrator and medical staff.
 - Youth are monitored regularly through the multi-disciplinary treatment team for progress and changing needs.
9. *Develop and implement adequate Individualized Education Plans for students with disabilities.*

Corrective Action

- PJCF has implemented the Indiana Department of Education approved web-based process for development and monitoring a student's Individual Education Plan. A full-time administrator now monitors compliance with the required education programs in all juvenile IDOC facilities.
 - An independent audit of the special education program at PJCF completed in June, 2005, demonstrated substantial improvement in compliance since January, 2004. Behavior Intervention Plans are developed if behaviors impede a student's progress in the general education curriculum
10. *Provide individualized instructional services to students with disabilities in accordance with the IDEA.*

Corrective Action

- The Indiana Department of Education strongly encourages the mainstreaming of student into the least restrictive environment.
 - Plainfield Juvenile Correctional Facility has implemented a software program, funded by the Department of Education, which provides documented individualized instruction to students (May, 2005).
11. *Ensure students with disabilities have sufficient access to an adequate curriculum.*

Corrective Action

- Student access to educational services has been improved. Students can now access six credit classes five days per week. The curriculum has been aligned to the Indiana Department of Education general high school diploma standards (July, 2005).
- Classes are now taught by a teaching team which minimizes the impact of teacher absences. All credits earned by students while at PJCF are

transferable to public schools upon the student's re-entry to the community (July, 2005).

12. Ensure students with disabilities have sufficient access to instructional services.

Corrective Action

- Student access to educational services has been improved. Students can now access six credit classes five days per week. The curriculum has been aligned to the Indiana Department of Education general high school diploma standards.
- A licensed special education teacher is assigned specifically to the segregation unit.

NOTE: Because of the downward trend in the number of juveniles being sent to the Department of Correction over the past several years, effective January, 2006, the Plainfield Juvenile Correctional Facility will cease to operate as a juvenile facility. The mission of that facility will change to accommodate adult male offenders preparing for reentry into central Indiana communities. Juvenile males from the Indianapolis area will be located in a brand new housing unit which is preparing to open as a separate unit co-located on the site of the Indianapolis Juvenile Correctional Facility.

Logansport Juvenile Intake/Diagnostic Facility

1. Provide adequate psychopharmacological treatment to youth.

Corrective Action

- At the conclusion of the investigation a conference was held between key management staff of the Department of Correction, facility psychiatrists, and other key staff of the health care service provider, to review and clarify the procedures for continuing/discontinuing/modifying psychotropic medication to students upon their commitment.
- The following policies and directives were reviewed, and stronger commitment was made to insure they were being followed:
 - Policy #01-02-101 - "Delivery of Health Care Services"
 - Operation Directive #03-01 - "Psychiatric and Psychological Referrals"
 - Health Care Directive #01 - "Access to Care"
 - Health Care Directive #08 - "Communication on Special Needs Patients"
 - Health Care Directive #34 - "Receiving Screening and Medical Clearance"
 - Health Care Directive #36 - "Mental Health Assessment"
 - Health Care Directive #51 - "Special Needs Treatment Plans"
 - Health Care Directive #53 - "Suicide Prevention"

- Youth receiving psychotropic medication are seen by the psychiatrist within 7 days of their commitment and a diagnostic impression is given.
 - Youth diagnosed with a mental illness may be prescribed medication. The need for a follow-up visit is documented.
 - When mental illness is not indicated, medication is discontinued. If further testing is necessary, a treatment plan is developed to identify specific action to be taken.
 - For each student with identified need, a Psychiatric Evaluation is to be completed when psychotropic medication is initiated, continued, changed or discontinued. A detailed plan will be developed, outlining if additional testing is necessary and the appropriate course of action. This document is filed in the medical packet.
 - In addition to being filed in the juvenile's medical packet, the Psychiatric Evaluation is now electronically mailed from the Logansport Juvenile Facility to the assigned treatment facility prior to the juvenile's transfer.
 - Additional specialized mental health training was provided to the facility nursing and mental health staff to enhance skill levels.
 - Communication has been enhanced with the new electronic Case Management System software, allowing mental health staff immediate access to vital juvenile information. The facility started full implementation of this program in January 2005.
2. *Provide adequate screening and assessment services to identify youths with serious mental health needs. At a minimum, all youths should receive a comprehensive mental health screening and assessment, either during their stay at Logansport or immediately after admittance to their treatment facility.*

Corrective Action

Modifications were made to the practices being conducted during the intake process to insure that the following steps are followed:

- Initial information regarding student's mental status is gathered over phone interview between Logansport Juvenile Facility and student's probation officer and/or detention staff.
- Student is then screened almost immediately upon arrival by facility nurse using Record of Point of Entry/Arrival Health Screening.
- Nurse then completes Prison Health History form.
- At this point immediate referral can be made per NCCHC site specific procedure Y-34.
- Nurse will make referral to staff psychiatrist for all students currently taking psychotropic medication or who have discontinued use within the

last sixty days.

- Then Mental Health Screening form is completed as part of comprehensive assessment by Logansport clinical staff per Juvenile Classification and Comprehensive Case Management (03-02-104).
- Completed Mental Health Screening form is reviewed by Level III Clinician.
- Student's are then referred, as needed, by assigned clinician to Behavioral Clinician III (BC III) or Psychiatric Social Service Specialist III (PSSS III) with special concern noted for depression, psychosis, anxiety including Post-traumatic Stress Disorder, suicide, sexual acting out concerns.
- BC III and PSSS III will then make evaluation and administer precautions and room restrictions as necessary.
- At end of student's first day all concerns regarding aforementioned mental health issues, suicidality, sexual acting out concerns and aggression toward staff and peers are documented and thoroughly reviewed with custody staff.
- The next morning the entire clinical staff at Logansport meet with a member of the custody staff and the staff psychologist to assess each individual student's need including how each student reacted to their first day and night spent in the facility per NCCHC site specific procedure Y-08.
- Referrals are then made, as needed, to the staff psychologist or psychiatrist; referrals are made based on staff psychologist's clinical judgment.
- The psychologist can order additional testing be administered
- The referral documentation is filed in the medical packet which follows the student to his treatment facility.
- The psychologist can, after seeing the student, recommend follow up treatment.
- Once a student has seen the psychologist a type written report is made and placed in the student's packet to be forwarded to their next facility it is also electronically sent to the facility prior to the juvenile's transfer.
- In the reports completed in the electronic management software allows the clinical staff an additional location to document concerns, treatment options and recommendations for each student.
- During the rest of the student's stay at Logansport, regular communications are maintained between custody and clinical staff with special recognition noted that often custody will be the first to observe difficult situations the student may be having.
- Thus, custody staff receives regular required trainings on issues including but not limited to, suicide screening and prevention, juvenile mental illness and recognizing and reporting child abuse.